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SENATE OF PA
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COMMONWEALTH OF PENNSYLVANIA
OFFICE OF THE GOVERNOR
HARRISBURG

THE GOVERNOR

MEMBER OF THE BOARD OF GOVERNORS OF THE STATE SYSTEM OF HIGHER
EDUCATION

June 7, 2013

To the Honorable, the Senate
of the Commonwealth of Pennsylvania:

In conformity with law, I have the honor hereby to nominate for the advice and consent
of the Senate, David M. Maser, 1420 Locust Street, 6Q, Philadelphia 19102,
Philadelphia County, First Senatorial District, for appointment as a member of the Board
of Governors of the State System of Higher Education, to serve until December 31,
2016, and until his successor is appointed and qualified, vice Kenneth M. Jarin,
Newtown, resigned.

A handwritten signature in black ink that reads "Tom Corbett".

TOM CORBETT
Governor

STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01	LAST NAME	FIRST NAME	MI	SUFFIX
	M A S E R	D A V I D	M	

02	ADDRESS (work or home)	City	State	Zip Code	Area Code	Phone
	322 Lawrence Court	Philadelphia	PA	19106	(215)	8691161

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03	STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)		<input type="checkbox"/> Check this block if you are amending an original filing
	A <input type="checkbox"/> Candidate (including write-in)	C <input type="checkbox"/> Public Official (Current)	E <input type="checkbox"/> Check this block if you are filing as a solicitor
	B <input checked="" type="checkbox"/> Nominee	D <input type="checkbox"/> Public Employee (Current)	
	C <input type="checkbox"/> Public Official (Former)	F <input type="checkbox"/> Public Employee (Former)	

04	PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) <input checked="" type="checkbox"/> seeking <input type="checkbox"/> hold <input type="checkbox"/> held	
A	B o a r d o f G o v e r n o r s	
B		

05	GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)	
A	S t a t e S y s t e m o f H i g h e r E d u c a t i	
B	o n	

06	OCCUPATION OR PROFESSION (This may be the same as block 4)	07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated:
	Attorney	2 0 1 2

08	REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>
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09	CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box. <input type="checkbox"/>	STATE ETHICS COMMISSION
	Name: Internal Revenue Service Address: P. O. Box 804527 Cincinnati, OH 45280	

10	DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, check this block. <input type="checkbox"/>	STATE ETHICS COMMISSION
	Name: Chimicles & Tikellis Address: 361 W. Lancaster Avenue Haverford, PA 19041	

11	GIFTS (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>	Value of Gift
	Source of Gift	
	Address of Source of Gift	
	Circumstances (including description) of Gift	

12	TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>	Value
	Source (Name and Address)	

13	OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box. <input type="checkbox"/>	Position Held
	Business Entity (Name and Address)	
	Name: Chimicles & Tikellis Address: 361 W. Lancaster Avenue, Haverford, PA 19041	Of Counsel

14	FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box. <input type="checkbox"/>	Interest Held
	Name and Address of Business	
	Lexington Technology, 4775 League Island Blvd, Philadelphia, PA 19112	40%

15	BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>	Interest Held
	Business (Name and Address)	
	Transferee (Name and Address)	Relationship Date Transferred

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject to the penalties prescribed by 18 Pa.C.S. 74904 (unsworn falsification to authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signature

Enter Current Date

6/10/13

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

DAVID MASER

SEC -1 -- Additional Information

Block 10; Direct or Indirect Sources of Income:

Lexington Technology
Philadelphia Navy Yard
4775 League Island Blvd.
Philadelphia PA 19112

Greenlee Partners
200 S. Broad Street
Philadelphia, PA 19102

Block 13; Office, Directorship or Employment in any business entity

Lexington Technology
Philadelphia Navy Yard
4775 League Island Blvd.
Philadelphia PA 19112
Director of Business Development

Delaware Valley Regional Center
1055 Westlakes Drive
3rd Floor
Berwyn, PA 19312
Director

DMM Group
322 Lawrence Court
Philadelphia, PA 19106
President

Garces Foundation (Formerly the Garces Family Foundation)
2929 Arch Street, Suite B.06
Philadelphia, PA 19104
Secretary of the Board

Second Chance Foundation
1818 Market Street
Philadelphia, PA 19103
Secretary of the Board

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DAVID MASER

Block 14; Financial Interests;

DMM Group
322 Lawrence Court
Philadelphia, PA 19106
Interest Held: 100%

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